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16569 U.S. PTO

<b>UTILITY PATENT APPLICATION TRANSMITTAL</b> (New Nonprovisional Applications Under 37 CFR § 1.53(b))	Attorney Docket No. <b>MNOAP001DIV</b>
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**TO THE ASSISTANT COMMISSIONER FOR PATENTS:**

Transmitted herewith is the patent application of ( ) application identifier or (X) named inventors: Roberta LEE, Redwood City, CA; Huddee Jacob Ho, San Jose, CA; entitled **DEVICES AND METHODS FOR TISSUE SEVERING AND REMOVAL**, for a(n):

- ( ) Original Patent Application.
- (X) Continuing Application (prior application not abandoned):  
     ( ) Continuation   (X) Divisional   ( ) Continuation-in-part (CIP)  
     of prior Application No. 10/097,412, filed 03/12/2002.
- (X) Please add after the title of the application "This is a Divisional of Application No. 10/097,412, filed 03/12/2002, now U.S. Pat. No. \_\_\_\_\_, which claims the benefit of U.S. Provisional Application No. 60/322,634, filed 09/12/2001, the entireties of which are hereby incorporated by reference."
- (X) Applicant hereby claims small entity status.

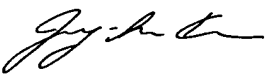
Enclosed are:

- (X) Specification: 46 Total Pages.                      (X) Drawing(s): 14 Total Sheets.
- (X) Oath or Declaration:  
     ( ) A Newly Executed Combined Declaration and Power of Attorney:  
         ( ) Signed.                      ( ) Unsigned.                      ( ) Partially Signed.
- (X) A Copy from a Prior Application for Continuation/Divisional (37 CFR § 1.63(d)).  
     ( ) Signed Statement Deleting Inventor(s) Named in the Prior Application. (37 CFR § 163(d)(2)).
- ( ) Power of Attorney.                      (X) Return Receipt Postcard.
- (X) Preliminary Amendment.                      ( ) A Check in the amount of \$ \_\_\_\_\_ for the Filing Fee.
- ( ) Information Disclosure Statement, Form PTO-1449, and copies of cited references.
- (X) A Duplicate Copy of this Form for Processing Fee Against Deposit Account.
- ( ) Request for Certification (**NON-PUBLICATION**) under 35 U.S.C. 122(b)(2)(B)(i).
- (X) Assignment Recordation Cover Sheet (1 page) and Assignment (1 page).
- ( ) A Certified Copy of Priority Documents (if foreign priority is claimed).
- ( ) Other: \_\_\_\_\_

CLAIMS AS FILED				
FOR	NO. FILED	NO. EXTRA	RATE	FEE
Total Claims	71	51	\$9.00	\$ 459.00
Independent Claims	1	0	\$43.00	\$ 0.00
Multiple Dependent Claims (if applicable)				\$0.00
Assignment Recording Fee				\$40.00
Basic Filing Fee				\$385.00
Total Filing Fee				\$ 884.00


- (X) Please charge the total filing fee of \$ 884.00 to Deposit Account No. 50-1217 (Order No. MNOAP001DIV).
- (X) At any time during the pendency of this application, please charge any fees required or credit any overpayment to Deposit Account No. 50-1217 (Order No. MNOAP001DIV).

Respectfully submitted,

By:   
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I hereby certify that this is being deposited with the U.S. Postal Service "Express Mail Post Office to Addressee" service under 37 CFR § 1.10 on the date indicated below and is addressed to:

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